

How Do Organizational Culture and Strategy Influence Implementation of Evidence-based Practice?

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Abstract: This poster outlines the assessment of organizational culture and quality improvement (QI) initiatives within a Canadian Neonatal Intensive Care Unit (NICU). It describes the conceptual framework and research design selected for the clinical environment. Findings are presented in the context of support for evidence-based practice (EBP).

Conceptual Framework (Figure 1): Organizational culture is the shared values, beliefs and norms within an organization, and is the foundation from which strategy emerges. In order for strategy to receive sustained support, it must be aligned with organizational culture. QI initiatives are a component of an organization's strategy and sustaining them requires a culture supportive of change [1]. EBP is considered the "gold standard" for improving patient care and is based on embracing and sustaining change [2]; therefore it is important to understand the underlying assumptions embedded in an organization's culture and strategy.

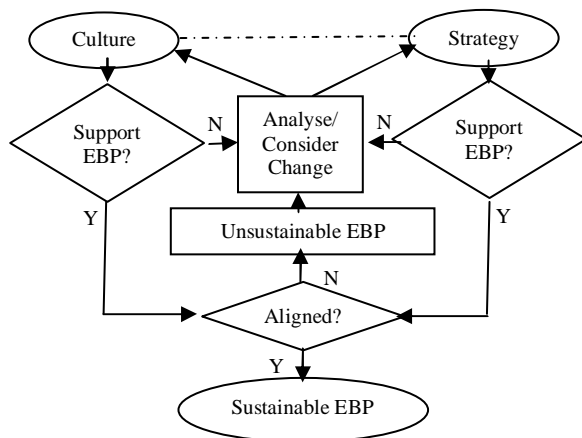


Figure 1 – Conceptual Framework

Research Design: This research addresses the question, "How do organizational culture and strategy influence implementation of EBP within a clinical environment?". The research was conducted Feb–Mar 2005 within the NICU at Children's and Women's Health Centre, Vancouver, BC. Full- and part-time NICU employees received the Quality Improvement Implementation Survey II [3]. The survey is based on the Competing Values Framework, where an organization's culture is defined by employee perceptions of the emphases

between flexibility and stability, and internal and external foci. Interviews were conducted with NICU employees representing a variety of professional roles. The interviews consisted of ten probes to characterize employee perceptions of the organizational culture, strategy and QI initiatives within the environment. Documents were reviewed to better understand the hospital strategy and support for change. Eighteen interviews were conducted, and 78 surveys collected. Interview summaries are qualitatively coded and statistical profiles have been created for the surveys.

Results and Discussion: Survey results characterize the NICU culture as having a strong internal focus and a tendency towards stability, which is not typically supportive of sustained change initiatives. Analysis of interviews indicate that the ability to achieve EBP within the NICU might be limited by the disparity between the desire to work in teams to achieve excellence in quality of care, and the provision of resources to achieve this goal in practice. Each professional group has a unique perspective, rooted in values and priorities, on the ability to achieve change within the environment. Facilitators for change include: a strong commitment to provide quality of care; and the desire to work on teams. Barriers to change include a lack of: resources (e.g., time, funds); multi-disciplinary collaborative teamwork; and consistent communication between professions.

Conclusion: The complex clinical environment requires a considerate multi-method (interviews, surveys, observation) approach to assessing organizational culture and QI initiatives. This research has implications for the design of tools to support the process of change management.

References

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